

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739003 (2)

1. Corporation Name
THE PENTECOSTAL CHRISTIAN CHURCH, INC.



Principal Place of Business: **1732 N. GOLDENROD ROAD ORLANDO FL 32807**
Mailing Address: **1732 N. GOLDENROD ROAD ORLANDO FL 32807-8402**

3. Date Incorporated or Qualified: **05/11/1977**
3a. Date of Last Report: **04/22/1996**

2. Principal Place of Business: **21 1732 N. Goldenrod Rd.**
2a. Mailing Address: **26 1732 N. Goldenrod Rd.**

4. FEI Number: **59-2925689**
Applied For: Not Applicable:

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23 Orlando, FL**
City & State: **28 Orlando, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24 32807**
Country: **25 Orange**
Zip: **29 32807**
Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
FELICIANO, JUSTO
1732 N GOLDENROD RD
ORLANDO FL 32807

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELICIANO JUSTO	1.2 NAME	
STREET ADDRESS	5331 BINNACLE CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARELA JESUS	2.2 NAME	
STREET ADDRESS	784 ROYAL PALM DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ ISAAC	3.2 NAME	
STREET ADDRESS	9309 PAVILLION DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAEZ RAUL	4.2 NAME	
STREET ADDRESS	4031 ALICIA CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

CR2E037 (9/96)